

DEPARTMENT OF DEFENSE BLOGGERS ROUNDTABLE WITH MAJOR DAVID ROZELLE,
ADMINISTRATOR, AMPUTEE CARE CENTER, WALTER REED ARMY MEDICAL CENTER, AND MISSING
PARTS IN ACTION TEAM CAPTAIN FOR THE ARMY'S 10-MILER, VIA TELECONFERENCE TIME:
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LIEUTENANT COMMANDER BROOK DEWALT, USN (Office of the Secretary of
Defense for Public Affairs): Hello, everybody. I'd like to welcome you all to
the Department of Defense Bloggers Roundtable for Thursday, October 4th, 2007.
For archiving purposes this is the second roundtable for today. My name is
Lieutenant Commander Brook DeWalt with the Office of the Secretary of Defense
Public Affairs, and I'll be moderating our call today. A note to our bloggers
and journalists online today -- please remember to clearly state your name and
blog or organization in advance of your question, and please respect our guest's
time, keeping your questions succinct and to the point.

Today our guest is U.S. Army Major David Rozelle, administrator for the
Amputee Care Center at Walter Reed Army Medical Center and team captain for the
group Missing Parts in Action, participating in the 2007 Army Ten-Miler race
this coming weekend. Major Rozelle is here today to discuss these and other
related issues under his purview, and we're pleased to have you as a guest
today, Major.

MAJOR ROZELLE: Hey, thanks for having me on -- proud to be on.

LT. CMDR DEWALT: (Inaudible) -- if you'd like to begin with any
opening comment.

MAJOR ROZELLE: Sure. I just -- I'm very proud to be the team captain.
For four years now we've had this Missing Parts in Action team. Started with me
talking to a couple guys at Walter Reed saying, "Hey, guys, let's do this Army
Ten-Miler and show everybody what we're made of -- that this is not beating us
and that we can overcome and let's surprise some people." And we went out there
that first year in 2004 and actually had a pretty good run and since then we've
grown from six people to ten to 22 to this year 30, so we're very proud to
continue this lineage.

LT. CMDR DEWALT: Fantastic, and with that if we can go right into our
Q and A, and we'll begin with Samantha Sault.

Q Hi, I'm Samantha Sault from The Weekly Standard. I blog at the
Worldwide Standard. I just wanted to first ask you if you could talk about what
inspired you to do what you do -- you know, this race and also in your history
in the military what inspired you to return to active duty.

MAJOR ROZELLE: Sure. Yeah, those are two long answers I'm going to give you but first of all, to respond to why we do this team and why we run is, you know, when you get severely injured and you look down and you're missing, you know, your foot or your leg or your arm, you know, you think that your life is going to be very different, and one of the unique things that I really try to demonstrate to our population -- the severely injured population -- at Walter Reed and, of course, across the country is that you can't let that slow you down.

You've got to go back and you got to normalize and you got to find those things that you did before and figure out how to do them again, and stand up running as opposed to pushing a rim in a wheelchair or handcycling is the ultimate achievement of that normalization. I mean, all of these -- especially for my soldiers, you know, running is a daily part of your life -- run, run, run. We do it all the time, and to get back and to run by units and have people pass you and pat you on the back or to pass people and pat them on the back really is great for our wounded warriors as they heal and as they find, you know, find their new life, whether it's to return back to duty like I did or whether it's to, you know, just to go back to college and feel very normal. It's this normalizing process.

But then the second -- your second question about returning to duty, you know, I could give you a bunch of different answers but the honest truth is this is what I do -- you know, serving in the -- serving my country, being an army officer. When I got injured and my wife and I sat down collectively with my parents even and tried to figure out what I would do next. You know, the question came what makes you happy. Well, what makes me happy is serving my country and taking care of soldiers. So I couldn't see myself doing anything else and honestly, you know, my oath of office didn't have an expiration date in it and I wanted to continue to serve no matter what. And if I can physically am capable to continue to serve then why not continue to serve, even as a severely injured warrior.

Q And I just had one more question. What would you say to Americans who are skeptical of what we're doing in Iraq and other places around the world?

MAJOR ROZELLE: Well, you know, from the point of view of an amputee, you know, my response would be, you know, the men and women that I deal with at the hospital and that are severely injured, they were all volunteers. You know, they all signed up to do this. They all are voluntarily, you know, went into service and are deployed to Iraq to fight, and the spirit that I see of those that come back, even the most severely injured, is how quickly can you fix me up and how quickly can you get me back in the fight.

And that's a real incredible spirit so, you know, those feelings that some people have back at home, you know, I'm sorry but we don't share that with you and we're very proud of what we're doing. We're very engaged in this. You know, I can think back to some leaders that I've put into place in different places in Iraq where I worked who are still doing great things, working with combined forces and there are some really wonderful things going on. So try to read through the news.

Q Thank you.

LT. CMDR DEWALT: Great. Thanks a lot and next if we can go to Griff Jenkins.

Q Yeah. Hey, thank you, Major Rozelle.

MAJOR ROZELLE: You bet.

Q And I should tell you full disclosure -- I think I'm going to try and come out and give you guys a little coverage and run with you on Sunday. I'm already signed up for this thing and to have seen this it's very exciting, particularly I think from a story of inspiration. But one thing I need to kind of get -- what was your actual story? How did you get injured?

MAJOR ROZELLE: Back in June of 2003, I was commanding a cavalry troop in Iraq, and in the town of Hit, Iraq I was basically a de facto sheriff of that region. Was commanding a patrol that day to teach a police academy, which was another great example of the things we were doing. You know, within one month of the president declaring end of major combat in Iraq we were already patrolling the streets with Iraqis.

But unfortunately, a month later when we went back to formally train them on the 21st of June I ran over a land mine which blew up my right foot, and as a result had some great leaders that helped me set goals for myself and within 12 months I had taken command again.

Within 18 months, I was back in country and turned out to be the first amputee to do that in modern history. So returned to the same battlefield -- (inaudible) -- and --

Q Hold on. Catch me up to speed. So 12 months later you were back on active duty?

MAJOR ROZELLE: Commanding. I never went off active duty.

Q I got you.

MAJOR ROZELLE: You know, we -- I helped change the model of how we take care of our veterans. At one time, we'd patch them up. You know, we'd do the tertiary care at Walter Reed. We'd, you know, close them up, get the infection under control, get them in to their definitive revision for their residual limb, and then send them to the VA and send them back home and let Mama take care of them and, you know, that was a great model back in the 70s but it doesn't fit our population. Average age is 35 of our amputees. You know, a lot of these guys are married and they've made it a career. You know, they might have already been in 15, 16 years at that point.

So, you know, we have -- we owe it to our veterans to take care of them while on active duty and that's why this Missing Parts in Action team is so important for that is that it demonstrates -- (inaudible) -- all of these guys are eight to eighteen months out from injury and they're already doing the Army Ten-Miler. So this is our commitment -- to advance training and to advance rehabilitation -- to get folks back healed before we seamlessly transition them to the VA or send them back to their units so they can show up to the unit and say, "Hey, I'm fit to fight. I just ran the Army Ten-Miler", and it's a great example of the achievement we have.

Q It's very inspirational. Now, is there something -- I think I've read somewhere -- you would know -- under President Bush -- when did things change about sending amputees or grievously wounded people back in to the fight?

MAJOR ROZELLE: Well, I met the president on August 11th of 2003, and when he asked me what I was going to do I told him -- I was injured, of course, in June so this is, you know, a month and a half later -- and I told him I was going to go back and command a cavalry troop. And he agreed that was a great idea with me and he, of course, he met a number of other soldiers who share -- and Marines -- that shared that feeling.

And finally, December of 2003, just four months after I had that initial conversation with him he gave a speech at Walter Reed and referenced the soldiers he'd talked to and basically gave a speech saying that we would find a place for our severely injured to continue to serve on active duty. We owe it to them. And I'm paraphrasing slightly but you know what? That became guidance to our commanding generals and, you know, when the commander in chief gives that kind of guidance we figure it out.

And so by August of -- excuse me, in December of 2003 the next thing we knew we had some congressional funding to do a remodel at Walter Reed, and Walter Reed was established as the place where we would do that specialty care to rehabilitate our amputees because they were the most visible population at the time of those that wanted to return to duty.

Q And I guess the last thing and I'll let someone else chime in here -- in a nutshell, what does your team's running on Sunday say to the world when they look upon that effort?

MAJOR ROZELLE: Well, you know, personally, you know, I sort of made a joke of it in the sense that it's missing parts in action -- some assembly required. So it's -- that's sort of laughable but at the same time it's very serious. You know, and these men and women are those that went forward into the breach and fought, and they've come back and they've gone back into that breach -- not necessarily back in the breach of combat yet but they're prepared for that.

That's the level of rehabilitation they're at and, you know, the biggest message is when you've been injured by a combatant the message you want to send back to your enemy is that I'm still stronger than you -- I am not beat. And, you know, we send that message worldwide whenever we get our picture on the cover of the newspaper or a magazine or the television and it gets around the world, people look at that and say, "Look at these great American warriors. Even when we blow them up and beat them down, they'll stand up and run again and fight again." And, you know, we're Americans and that's what we're all about.

Q Actually, I lied. One last question. How fast are you going to run this per minute, see if I can even keep up with you?

MAJOR ROZELLE: (Laughs.) Well, I -- I ran 18 miles last weekend, so my legs are a little sore, but I'm hoping to maintain an eight-minute mile.

Q So I'm toast. Thanks.

MAJOR ROZELLE: All right. Next? (Laughter.) LT. CMDR DEWALT: Hey, thanks. And also, Griff, just for the record on here, you're blogging for Griffsnotes.com and also -- and also you're with Fox News Channel, correct?

MAJOR ROZELLE: Exactly. I'm -- Griffrsnotes.com is the blog, and then you see me doing various stories as a reporter on the FOX News Channel. Bring your running shoes, buddy.

Q I'm bringing my running shoes. I'm -- hopefully bringing a camera crew there as well, and make sure we get pictures of your team in the event that I can't keep up. (Laughter.)

MAJOR ROZELLE: I'll tell you, you're the -- you were the easiest entry I've ever seen at the Army 10-miler. I think you set a new standard.

Q (Laughs.) Good.

LT. CMDR DEWALT: (Inaudible) -- thank you. Now, let's -- and next, if we can go ahead and go to Andi?

Q Mr. Rozelle, this is Andi Hurley with SpouseBUZZ. I know -- I know it's been four years since your foot amputation, and now that you find yourself back at Walter Reed, I wonder if you could talk to us about the advancements that have made over the past four years with respect to, oh, medicine, technology, and support services that are afforded to our amputees?

MAJOR ROZELLE: Sure. I actually testified to Congress about it today, so it's pretty fresh on my mind. (Chuckles.) I could read you the five-minute statement or you can look it up on the Congressional Record today, but --

Basically what we did at the military event training center was to create a center that has the same capabilities as they have at the Center for the Intrepid down in San Antonio -- these dual facilities that have this great capability to share information with other organizations.

For instance, the fact that VA is in our building is a pretty big deal, if you look at the two systems and how they don't necessarily always get along in the same space. There are some great opportunities for research, specifically with -- like our gait lab, for instance, would be the best -- a great example, with, you know, six force plates where we can take a look at walking analysis and running analysis and then, of course, a dual force-plate treadmill for longer testing, like endurance running and marching and things like that, where can take a look at, you know, what effects on the body are these prosthetics making.

Of course, you add the equipment. You know, I may be perfectly dialed in with a certain foot or leg at my natural weight, but then you add 60 or 80 pounds of military equipment and how does that change? You know, these are the -- these are the kind of studies that we're looking at from the military point of view.

But then of course, you know, industry and the larger 3 million amputees in America are going to -- are going to see results from this, because we're going to make industry change and adapt and make better standards. And, you know, the gait labs may be one of the best examples of that where research and advanced technology is capable.

Of course, the partnership with industry, we -- we recently, through DOD and VA combined efforts, created an advanced C-leg.

So at one time, the C-leg was the highest available advanced technology you had -- basically a microprocessor knee, which had an anti-stumble device, which is great for a geriatric population, good for our newly injured guys. But then we went back to them and said, "Okay, this is super, but -- okay, our population's about 26 years old now. Give us a leg that can keep up with a 26-year-old." So they went back to the drawing board and produced for us, for the VA and the DOD, this brand new C-leg, which we were able to test and interface before it went out to the civilian population. A great example.

And of course, on Sunday you'll see these incredible running feet. You know, we work with several different partners to make the running feet better, to make them last longer, to make people faster. You know, everyone thinks when they see a guy running down the road with a prosthetic leg that he's just bouncing on that. Well, the truth is -- and we've measured it -- there's only a 70 percent return from that. So you're applying -- you know, 100 percent and you're only getting 70 percent back. So even though it looks like you're springing down the road, you're using a different set of muscles and you're having to strain even harder to maintain that old pace again. I know I've slowed down by at least a minute per mile, which may not seem like a lot to some, but it can make a difference in the long run.

And then of course there's a limitless possibility with a computer-assisted rehab environment, which is also known as the CAREN system, which we highlighted from the Military Advanced Training Center and for the Center for the Intrepid, which is this virtual reality room which also has that motion-capture system in it. So you put the patient in a virtual environment and make them react to it, and we -- we really don't -- we really don't know where that's going to go. I mean, it could -- it could really be limitless, with both upper and lower extremity, with spinal cord injuries. It's -- the research -- they're just starting to figure out how much we can do with it.

And there's a huge amount of possibilities just -- and I'm of course talking specifically about amputees, but there's a tremendous amount of -- of cooperation to learn more about TBI and its function, its treatment and what kind of rehab we need to create similar to what we've figured out for the amputees to make it a better transition, to get a better healing, to -- you know, to use the tactical athlete method back to our TBI and PTSD population. Q Right --

MAJOR ROZELLE: I talk really fast. I'm sorry, but --

LT. CMDR DEWALT: (Inaudible) -- and next, if we can go to Navy Captain Bart Buechner and with him Steve Schilling. Any questions from -- from your end? And please, again, introduce yourself and your organization.

Q Yes, sir. Captain Bart Buechner. I am now the deputy administrator of the Veterans Home of California in Yountville, in Northern California. We're in the process of opening, along with Master Chief Steve Schilling here with me, a program for transitioning Iraq and Afghanistan veterans. And I was intrigued by your last answer, because that recovery from PTSD and TBI is something that will be focused on very tightly in our program.

We want to help put people back in the fight, particularly those that have been involved in the National Guard or Reserve and are actually going back to their communities within our state. So I wanted to see if you had any advice for us further. And I understand that using the competitive methodology to speed treatment, I think that's -- that's a brilliant notion, and we will

definitely work to apply that. Any other ideas that you can come up with for us to help motivate and help people make transitions, if they might be suffering in mind, body, and spirit?

MAJOR ROZELLE: Well, you know, I think -- I think the biggest key that we learned right away that I have now -- I saw a brief to Congress today from the blind veterans -- is that when you spread people across the country and take an injured service member who's used to be part of a unit and having the cohesive lifestyle -- and not even -- not necessarily the structure of the military, as much as the brotherhood of military and sisterhood of military, however you want to non-gender that.

But the key is to keep our veterans in cohort groups. And we have -- you know, we have empirical data that shows, from clinical studies, that people -- people do recover better in peer groups. And this is something we're really going to have to watch with, you know, our traumatic brain injury and PTSD patients. I mean, you get a bunch of veterans who have these quote-unquote "mental problems," and you put them into a patient population of civilians that have mental problems, they're not going to heal. You're not setting them up for the kind of environment and the kind of conditions that are going to allow them to heal.

And so, you know, we -- we have found ways to create centers of excellence for spinal cord injury and now amputation. We -- you know, the next step that I see, which is being discussed, is taking a look at how we can -- and, of course the blind; we're very interested in going back and making sure we're doing it right. As the USA Today article showed, there's a -- there's a pretty large number of eye injuries that we -- we shouldn't overlook. But with this PTSD and TBI population, you know, these --

NPR recently had a great story on a bunch of PTSD recovery groups from a National Guard unit. And although there were some problems that they pointed out, the great news is the unit figured out that these guys need to heal together. And, you know, if I had any advice for someone about to -- to undertake what you're about to undertake, it's find ways to keep -- to keep that unit cohesion together.

Q Well, thank you very much for that. That helps a great deal, and I appreciate the -- the emphasis on the eye injuries. It's something we'll take a closer look at as well.

MAJOR ROZELLE: Absolutely. Thank you, sir.

LT. CMDR DEWALT: Great. Thank you. Now, does anybody have any follow-up questions?

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Q Yeah, I do. It's Griff Jenkins, FOX News. Hey, can you just tell me briefly, you know, mention a couple of the guys that are running with you on your team of 30. You know some amazing guys; even you're impressed that they're getting out there and running.

MAJOR ROZELLE: Yeah. Of course, whenever I see an above-the- knee amputee run, I'm really -- I'm touched and fascinated, because the -- the

prosthetic community doesn't necessarily make running devices that hold up to -- for knees -- that hold up to these large soldiers, you know? I mean -- so whenever I see an AK run by, it's pretty amazing.

And there's a guy, Ed Saluo (sp) -- who'll be at the press conference tomorrow at the Army 10-miler, so I'm not violating any HIPAA stuff -- but Ed -- Ed's going to be there, and he's an above- the-knee amputee and he's really -- he's been excited about this race for a long time. He's been training for it, and, you know, just -- when you have a chance on Sunday, get behind Ed and watch him run and watch how his body has to adjust to that prosthesis. It's -- it's amazing.

Q What's Ed's -- what's Ed's last name?

MAJOR ROZELLE: Saluo (sp).

Q How do you spell that, do you know?

MAJOR ROZELLE: It looks Hawaiian. I think it's S-a-l-u-o or -a.

Q Okay.

MAJOR ROZELLE: It's in the -- it's in the press release, I'm pretty sure.

Q Okay.

MAJOR ROZELLE: And then we have a fine -- a fine Navy lieutenant who's also running, a fellow BK, but he's -- he's a big guy like me, you know, he's a 220-pound guy. And anytime you see a 220-pound man run, it's -- it's a powerful message. But at the same time, he was so excited last year, because he was just at the point of his treatment where he could run and by a freak accident the weekend before the Army 10-miler last year, he was throwing a ball to his dog and he tore his ACL in the other leg. So -- he almost destroyed his good leg during his recovery, and he couldn't run. So he's running with us this year and is really excited about it.

And then there's a couple other guys that are coming from Center for the Intrepid in San Antonio. And I actually don't have my list of runners in front of me.

Q That's okay. Major, are there any women?

MAJOR ROZELLE: There are actually no -- my ace-in-the-hole dropped this year, my friend Dawn Halfaker. She -- she's run with me since the beginning, but she's had to duck out the last two years. But she's a -- she's a shoulder disarticulation. And she was actually really fascinating in the sense that we didn't think she was going to have any problems running 10 miles, because, you know, as a lower extremity amputee, she's only missing an arm, you know?

Q Right.

MAJOR ROZELLE: But the truth is her first year running, what we didn't realize and why -- this is why the gait lab is so important -- but she -- we put her in the gait lab to study it, but she almost had to quit running in her first year because she had such horrible pain in her back. And we studied her in the

gait lab and it turns out that she was doubly compensating with her other arm to get that natural swing back in her body that you normally have, running. And, you know, it's those kind of adaptation adjustments that you have to get into these advanced research laboratories to figure out, and it's just fascinating to -- to watch her run, as well, because she -- her body adapts to missing a whole arm, and it's amazing.

But no females this year, unfortunately, but it's not because I don't try to recruit them.

Q Well, great. And a request; assuming you have a picture with President Bush of yourself? Could I post that on my blog? Like, could you e-mail that, if I give you my e-mail address?

MAJOR ROZELLE: I think it's online.

Q Is it online?

MAJOR ROZELLE: Yeah. If you Google me, I think -- I think you can --

Q For your book?

MAJOR ROZELLE: (Chuckles.) Yeah.

Q Okay.

MAJOR ROZELLE: Yeah. I did not mention that; you did. (Chuckles.)

Q All right. Oh, wait, wait! Now, you've ran with President Bush, right?

MAJOR ROZELLE: That was not me. That was actually Mike McNaughton. Mike was actually -- he's another above-the-knee amputee runner, and -- but he -- he works for FEMA down in Mississippi and he gets caught up a lot with -- with the hard work they do, and it's always hurricane season during the Army 10-miler, so --

Q Sure.

MAJOR ROZELLE: Mike hasn't been able to make it the last couple of years, especially during Katrina. But a great guy. In fact, he's -- he's missing his middle finger, and he's more upset about that than his leg.

Q Wow.

MAJOR ROZELLE: (Chuckles.)

Q All right, thanks.

MAJOR ROZELLE: You bet. LT. CMDR DEWALT: Great. Any other -- any other final questions?

Okay, well, thank you all. We've had some great questions and some pretty inspiring comments today. As we do wrap up today's call, I'd like to ask Major Rozelle if he has any final comments.

MAJOR ROZELLE: Of course. You know, I think -- the questions today were exactly what America's been asking me the last year. You know, there's a real transition on, okay, we're going a great job taking care of this amputee population. We know how you're taking care of them. What's next?

And what I -- what I really want to say on -- you know, from a personal note, is that we intend to -- to find ways to implement this great healing program that we developed for our amputees, to adapt it as best we can to these other injuries that we're now having to struggle with, like the traumatic brain injury and, of course, blindness. And then, you know, the VA's doing a great job taking care of our spinal cord-injured patients and, you know, as long as they continue to take care of them, then we don't have to do it.

But, you know, I see a future where our spinal cord injuries also could come back on active duty. There -- hopefully, the research and development can get to the point where all of these injuries can return to the battlefield if they want. And, you know, I'm very proud of that population.

And probably -- I like to end, any time I go talk to people, with my favorite statistic, which doesn't get reported enough. And that's the statistic of zero, which is the number of suicides we've had in our amputee population, out of 701 amputees. All 701 are still alive today, and we're very proud of that.

Q And that's from Iraq and Afghanistan?

MAJOR ROZELLE: That's correct. Since 9/1/02.

Q Gotcha.

LT. CMDR DEWALT: (Inaudible) -- thank you. And also, Major Rozelle, do you have a bio that you can send us so we can post with --

MAJOR ROZELLE: (Chuckles.) I'll send you -- I'll send you my updated one. There's one on -- you can Google it, and everything about me is online. It's -- it's crazy. You bloggers. You get everything.

LT. CMDR DEWALT: (Laughs.) If -- tell you what, if you could -- and this goes for anybody else that has anything that they want to send here for posting related to this on the Blogger Roundtable page -- but if you could specifically send me the -- send me your most current bio, I would appreciate it. And that's at -- my address is brook.dewalt@osd.mil. And then that way we can get that posted to the Blogger Roundtable page. MAJOR ROZELLE: Great.

LT. CMDR DEWALT: Because there will be -- I guarantee you we'll be getting requests for your most updated one.

So I want to thank you for that. And also, just so everyone understands, today's program will be available online at the Bloggers Roundtable link at dod.mil, and there you'll be able to access a related story based on today's call, along with source documents such as this audio file, print transcript, the major's bio, and any other information that we receive. If there are any questions about this program, please contact DOD New Media at 703 428-1204.

And again, thank you, Major Rozelle, and all of our participants today. This has been a great call-in. And this does conclude today's event, and please feel free to disconnect at any time.

MAJOR ROZELLE: Thank you.

Q So long. See you Sunday, Captain -- or, Major.

MAJOR ROZELLE: All right.

END.